

**Commonwealth of Virginia Emergency Operations Plan
Emergency Support Function #6**

**Emergency Support Function – No. 6
MASS CARE, HOUSING, AND HUMAN SERVICES**

Primary Agency:

Department of Social Services (VDSS)

Support Agencies and Organizations:

- American Red Cross (ARC)
- Department of Agriculture and Consumer Services (VDACS)
- Department of Behavioral Health and Developmental Services (DBHDS)
- Department of Criminal Justice Services (DCJS)
- Department of Emergency Management (VDEM)
- Department of Forensic Science (DFS)
- Department of General Services (DGS)
- Department of Health (VDH)
- Department of Housing and Community Development (DHCD)
- Department of Military Affairs (DMA)
- Department of Rail and Public Transportation (DRPT)
- Office of the Attorney General (OAG)
- Public Higher Education Institutions in Virginia
- The Salvation Army
- Virginia Criminal Injuries Compensation Fund (CICF)
- Virginia Information Technologies Agency (VITA)
- Virginia State Police (VSP)
- Virginia Voluntary Organizations Active in Disasters (VAVOAD)
- Virginia Workers Compensation Commission (VWCC)

Introduction

PURPOSE

Emergency Support Function (ESF) #6 – Mass Care, Housing, and Human Services, is an all-hazards approach that supports local government and nongovernmental organization (NGO) efforts to address the non-medical mass care, housing, and human services needs of individuals and/or families impacted by natural and/or technological incidents.

SCOPE

ESF #6 promotes the delivery of services and the implementation of programs to assist individuals, households and families impacted by potential or actual incidents. This service delivery includes immediate relief, short-term housing and relocation assistance and direct financial services for individuals impacted by an incident within

jurisdictions of the Commonwealth of Virginia.

State augmentation of ESF #6 in the VEOC is the responsibility of the VDSS that supports requests as directed under the Commonwealth of Virginia Emergency Operations Plan (COVEOP).

The three primary components of ESF #6, Mass Care, Housing, and Human Services, are described below.

Mass Care

The ESF #6 mass care function includes:

- **Coordination.** Beginning at the local level to bring together the non-medical human services of government and non-government organizations.

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- **Shelter.** An emergency shelter is an immediate short-term accommodation either (1) designated by local officials for persons threatened by or displaced by an incident (*Refer to Mass Care in Standard Shelter Operations*), or (2) designated by state officials directing a mandatory evacuation across jurisdictional boundaries either before or after an incident (*Refer to Shelter Operations in Support of A Mass Evacuation*).

Public emergency shelters will provide accommodations for all population groups. Appropriate provisions must be made within the shelter facilities to accommodate people with special medical needs that do not require hospital admission, people without their own transportation, and registered sex offenders.

Additionally, sheltering for pets and service animals must be included in planning and coordinated with ESF #11 (*Refer to ESF #11 for details regarding pet and animal sheltering*).

For mass evacuations directed by state officials, the VDSS will coordinate the designation of shelter facilities and the operation of shelters for people who evacuate out of their home jurisdiction (*Refer to Shelter Operations in Support of Mass Evacuation*).

- **Feeding.** Feeding is provided to disaster victims and emergency workers through a combination of fixed sites, mobile feeding units, and bulk distribution of food. Feeding is based on sound nutritional standards and to the extent possible includes meeting the requirements of victims with special dietary needs (*Refer to ESF #11 for details regarding bulk food*).

- **Emergency First Aid.** Emergency first aid, consisting of basic first aid and referral to appropriate medical personnel and facilities, is provided at mass care facilities and at designated sites. Provision for services is coordinated with ESF #8 (*Refer to ESF #8 for details regarding medical care services*).
- **Reunification Services.** This service collects information regarding individuals residing within the affected area and makes the information available to immediate family members outside the affected area. The system also aids in reunification of family members within the affected area.
- **Bulk Distribution.** Emergency relief items, limited to urgent needs, are distributed through sites established within the affected area. These sites are used to coordinate the distribution of food, water, and ice to people living in areas where the normal supplies and distribution system are temporarily disrupted.

Housing

The ESF #6 housing function involves monitoring the need and availability of housing units to use temporarily for displaced people. Additionally, housing includes assisting in the implementation of the federal disaster assistance program to provide financial assistance to persons whose homes were damaged in the incident. The housing function is coordinated with ESF #14.

Human Services

The ESF #6 human services component coordinates various government and nongovernmental organizations that implement programs and provide services for people impacted by the disaster. These services may include:

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- Provision of behavioral health services.
 - Services to expedite benefit claims and financial assistance applications.
 - Case management.
 - Distribution of donated goods.
 - Direct support services such as building clean-up, debris removal and child care.
 - Implementation and management of grant programs such as the FEMA Other Needs Assistance (ONA) or the CICF for victims of acts designated as crimes (*Refer to COVEOP, Support Annex 2 – Recovery Program*).
 - In large disasters, Family Assistance Centers (FAC) or Disaster Service Centers (DSC) may be established to provide a central location for the seamless delivery of services across multiple government and nongovernmental voluntary organizations. (*Refer to Family Assistance Center*).
- stage of the response and recovery efforts.
- Types of agencies tasked with ESF #6 activities vary by locality and region.
 - To support mass care activities and provide services without regard to economic status, race, religious, political, ethnic or other affiliation.
 - To support ESF #6 activities and provide services in accordance with existing statutes, rules, and regulations.
 - To assign personnel to support ESF #6 functions in accordance with the rules and regulations of their respective parent agencies.
 - To coordinate with ESFs 1, 3, 5, 11, 14 and others regarding recovery and mitigation assistance as appropriate.

MISSION

In times of emergency, VDSS will coordinate the provision of sheltering, feeding, emergency first aid, emergency relief supplies and other basic human services provided by government and nongovernmental voluntary agencies.

During non-emergency operations, to support local DSS planning efforts to develop and maintain a capability to care for displaced persons in public shelters, to deliver relief supplies and services to disaster victims; and to prepare to care for the disabled, the elderly, and other special medical needs populations in time of emergency, primarily by encouraging and facilitating self-sufficiency.

POLICIES

Underlying principles include the following:

- ESF #6 support may vary depending on an assessment of incident impact(s), the magnitude and type of event and the

- To reduce duplication of effort and benefits, to the extent possible. This includes streamlining assistance as appropriate and identifying recovery and mitigation measures to support local planning efforts.
- To coordinate with VDEM and other local and state agencies and voluntary organizations in evaluating current and future shelter facilities with intent to utilize space to accommodate multiple populations within a single facility.
- To coordinate with ESF #8 in developing partnerships and written agreements with the health care community for the provision of health care services to those sheltered who do not require hospital admission.

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CONCEPT OF OPERATIONS

- A. Response and recovery efforts are a local government responsibility, thus all event activities begin locally in accordance with the local Emergency Operations Plan (EOP) that assigns duties and responsibilities, identifies shelter facilities and sets forth the operating procedures for public shelters.
- B. The local DSS generally is designated responsibility for ESF #6 functions although shelter operations may be, by written agreement, delegated or shared with the local American Red Cross chapter.
- C. Local government may request assistance from other local non-governmental organizations to assist with ESF #6 functions.
- D. As local resources are exceeded, the local government may request assistance from the state.
- E. Initial response activities focus on meeting urgent mass care needs of victims.
- F. Recovery efforts are initiated concurrently with response activities. Close coordination is required among those agencies responsible for response operations and recovery activities, and other nongovernmental organizations providing assistance.
- G. Medical care, long-term assisted living, mental health and residential facilities including prisons are responsible for developing and implementing plans for their patients/residents in an evacuation. Facility management should consult with local government in the development of plans.

- H. All local, regional and state human services organizations may be requested to assist with ESF #6 functions. All of the major voluntary disaster relief organizations with active disaster response resources in Virginia are members of the Virginia VOAD. In emergency situations a VAVOAD representative is present in the VEOC to coordinate the provision of resources from its member organizations, and a designated VAVOAD liaison is assigned to the Joint Field Office (JFO) during recovery operations.

ORGANIZATION

- A. The VDSS is designated the lead agency for ESF #6 and maintains overview of ESF #6 activities, resolves conflicts, and responds to ESF #6 questions.
- B. The ARC and VAVOAD assist in the coordination of sheltering and feeding operations.
- C. In the Commonwealth of Virginia, local government is responsible for providing ESF #6 services for persons within its jurisdiction. The local DSS or the local Red Cross chapter is typically responsible for shelter operations with support from other local agencies and organizations.

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Section 1: Mass Care in Standard Shelter Operations

Purpose

To provide state support to local ESF #6 functions.

Concept of Operations

Local

- A. Shelter operations are a local government function to be provided in accordance with local Emergency Operations Plans (EOPs). The EOP should identify assignment of duties and responsibilities and public shelter facilities; describe provisions for feeding, overnight sleeping accommodations, back-up power, augmented communications to include radio backup, a medical aid station, security, traffic control and fire inspections; and set forth procedures for operating each public shelter.
- B. Local plans should make reasonable accommodations for evacuation and sheltering of diverse populations as listed below:
 - 1. Populations with communication or mobility limitations (deaf, blind, non-English speaking, wheelchair bound).
 - 2. Populations with conditions that may require assistance with daily activities but do not require hospital admission or hospital sheltering.
 - 3. Populations who are transportation deficient or have no means to evacuate themselves out of harm's way.
 - 4. Populations who present themselves accompanied by pets and/or service animals.
- C. Local government may provide shelter operations in cooperation and coordination with local chapters of the ARC. Local government maintains the legal overall responsibility for the sheltering of its citizens. Through partnership, the resources of the ARC can be made available to support local sheltering operations.
- D. In the Commonwealth of Virginia, either the local DSS or the local ARC chapter is typically responsible for shelter operations with support from other local agencies and organizations.
- E. When local government partners with the local ARC chapter for shelter operations, an official memorandum of understanding should be consummated between the two.
- F. Local government will arrange shelter training for its employees through the ARC. Local governments will periodically exercise their capability to operate public shelters.

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- G. Localities will use established procedures (local EOC to VEOC) to request assistance. Requests will be processed and delivery coordinated through the appropriate ESF in the VEOC.
- H. The local DSS, in conjunction with the local ARC, will provide information to the local EOC on the number and location of shelters opened and the numbers of evacuees. Shelter information for evacuees will be provided to the media through the local Public Information Officer (PIO).
- I. Shelter managers will collect and compile information for reports as needed. Information will include data on sheltering, feeding and staff resources. This information must be included on the daily shelter operations status report to the local EOC for inclusion in the daily report to the VEOC.

State

- A. The VEOC will notify the VDSS designee whenever a local request for shelter assistance is made during a local emergency. The VEOC may request the designee report to the VEOC when a developing situation is likely to require sheltering support to localities.
- B. VDSS may collaborate with ARC to establish and maintain liaison with the VEOC before and during an emergency.
- C. VDSS in conjunction with the ARC will coordinate with local government, local social services agencies, and local ARC chapters to ensure that adequate shelters are opened when needed, that the needs of the physically challenged and elderly are considered, and the public is informed of personal supplies to bring to a shelter, and the location of the shelter.
- D. VDSS and ARC will work with their local counterparts to ensure that shelters are provided with adequate comfort and relief supplies when opened.
- E. When/if the local EOC requests state assistance for mass care needs, VDSS will coordinate the assistance with other state agencies and non-governmental organizations through the VEOC Virginia Emergency Response Team (VERT).
- F. VDSS and ARC will collect and compile information for reports as needed. Information will include number and location of local shelters opened, number of shelterees, feeding and staff resources. This information will be documented in the VEOC Situation Reports and shared with the VEOC Joint Information Center (JIC).

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Section 2: Shelter Operations in Support of Mass Evacuation

Purpose

To provide coordination of local, state, federal, and voluntary resources in identifying, preparing and operating emergency shelters in support of a mass evacuation.

Reference:

Mass Sheltering, Support Annex 6, COVEOP
Northern Virginia Evacuation Plan, Support Annex 5, COVEOP
Hurricane Response Plan, Volume V, COVEOP

Section 3: Refuge of Last Resort (ROLR)

Purpose

To provide a safe place for evacuees to seek immediate protection from harm during a disaster event.

Reference:

Mass Sheltering, Support Annex 6, COVEOP, Appendix 1: Human Sheltering, Tab A: Refuge Of Last Resort

Section 4 – Host Sheltering

Purpose

To provide coordination of local, state, federal, and voluntary resources in identifying, preparing and operating host shelters.

Reference:

Mass and Sheltering, Support Annex 6, COVEOP, Appendix 1: Human Sheltering, Tab B: Host Sheltering

Section 5 – Family Assistance Center (FAC)

Purpose

The establishment of a FAC to support the much broader fatality management response activities of ESF #8 and the Office of the Chief Medical Examiner (OCME). FACs may be opened as the result of a mass casualty incident and a valid VDSS mission assignment received from the Virginia Emergency Operations Center (VEOC). Its mission is to deliver incident specific support services through interaction with and provision of legal, customary, compassionate and culturally competent required services to the families of the injured or deceased to include updated incident information prior to the media release.

The purpose of this plan is to provide the organizational structure to establish, operate and close a state managed FAC in response to a mass casualty event in the Commonwealth. The state will open and operate a FAC at the request of an affected locality in the absence of a local FAC plan or adequate local resources, or if the event occurs on property owned or operated by the Commonwealth of Virginia.

The FAC is a physical facility established as the focal point for providing incident specific services to bereaved families, friends, and survivors; to enable those affected to gain as much information as is currently available about missing family members and friends prior to any release to the media; to enable the gathering of mass forensic samples in a timely manner, which enhances the ability to identify loved ones quickly; to offer access to a range of facilities that will allow families and survivors to make informed choices according to their needs; and to ensure a seamless multi-agency approach to

assistance in emergencies to reduce or avoid duplication.

Scope

This section summarizes the complete Family Assistance Center plan coordinated by the VDSS. The complete plan pertains to any incident or accident of significance within the Commonwealth of Virginia that results or potentially results in mass casualties and/or ten (10) fatalities, or as determined by the appropriate authorities.

Overview of FAC Services

1. Core Services – those that directly relate to the mission of the FAC include:
 - Call Center Coordination
 - Registration
 - Missing Person Reports
 - Reunification and Identification Services
 - Information Dissemination
 - Behavioral Healthcare Services
 - Financial Assistance
 - Service Referral
2. Support Services – those that contribute to the quality of service received and experienced by family members include:
 - Spiritual Care
 - Telecommunications
 - Day Care
 - Transportation
 - Medical/Health
 - Personal Care
 - Mass Care
 - Volunteer and Donations Management
3. Optional Services - those contingent upon the nature of the event.

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Roles and Responsibilities

A. Local Government

Law Enforcement Agency

The local law enforcement agency is responsible for the coordination of all law enforcement activities unless the event is of a nature or magnitude that another law enforcement agency, such as the Virginia State Police, is designated as lead. Law Enforcement will coordinate with the OCME on the death investigation, recovering, cataloging, storing and identification of human remains. Law Enforcement will be responsible for all missing persons investigations and reporting; security at the FAC; and may be involved in the badging and screening process.

Local Emergency Services

Local Fire and Rescue Departments will be responsible for emergency medical care and transport of FAC clients and personnel should any of those individuals require emergency care until local resources are exhausted in which case they may request assistance from Statewide Mutual Aid or state agencies through the VEOC.

B. State Agencies

Virginia Department of Health will fulfill its Health and Medical Emergency Support Function (ESF #8) responsibilities.

Office of Emergency Medical Services (OEMS). OEMS will coordinate the response of the separate components of the Health and Emergency Response Team (HMERT) as required. OEMS coordinates two state-level volunteer EMS resources 1) EMS Task Forces or volunteer teams of vehicles and personnel that provide standard resource packages for statewide response in declared states of emergency; and 2) Health and Medical Emergency Response Teams

that provide personnel trained in managing medical functions in EOCs.

Office of the Chief Medical Examiner (OCME). The OCME is identified within the Commonwealth of Virginia Code as having the authority and responsibility for the management of the deceased in non-naturally occurring deaths. The OCME, in coordination with the designated lead law enforcement agency, will provide victim identification and family reunification services to include information collection processes.

Local Health Districts (LHDs). The local Health Department is responsible for assisting law enforcement and the OCME in the identification and reunification process by providing access to vital statistics. Health Department personnel may provide surge staffing for the FAC and help coordinate the provision of first aid resources, but will not be responsible for providing on-site medical care in the FAC.

Virginia Department of Social Services

When the incident occurs on state property or at a state operated facility, the VDSS will serve as the primary agency responsible for managing the FAC and normally a VDSS representative will serve as the FAC Director. VDSS will coordinate with other local, state, federal and NGOs to provide the appropriate services to the clients of the FAC.

Virginia State Police

VSP may, in conjunction with local law enforcement, provide a Safety Officer and liaison for the FAC. VSP also may provide security for the FAC, and collect evidence, as appropriate. VSP will supervise the missing persons telephone center, may participate in the death notification teams and assist in orderly return of property that may have been collected and used as evidence.

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Virginia Information Technologies Agency

VITA, through ESF #2, will provide the IT infrastructure including voice and data communications, as well as the necessary peripheral equipment and as such will be responsible for information technology equipment procurement, set-up, management, administration, maintenance, and staff support within the FAC.

Virginia Department of Rail and Public

Transit, through ESF #1, will coordinate use of local public transportation systems to provide transportation services for FAC clients and staff.

Department of Behavioral Health and

Developmental Services will provide and coordinate emergency mental health services (disaster behavioral health services) and will provide crisis counseling services in support of the FAC. DBHDS and VDSS will jointly decide upon the groups and volunteers that will provide such disaster behavioral health services depending upon the situation. In the event the incident is a crime, the DCJS and CICF also will be a part of this determination. DBHDS will consult with VDSS and DCJS for the provision of services for additional psychological support for families once the FAC has been closed.

Virginia Department of Emergency

Management, through the VERT, will provide coordination, guidance and oversight of the FAC and the decision-making process for opening a FAC. Additionally, upon request, VDEM will provide a trained Public Information Officer (PIO), coordinate other public information resources, provide GIS mapping, establish a call center, and manage material and monetary donations, if applicable. Short-term, VDEM will develop a Website template and update as needed to inform persons with a need to know. Long-term, VDEM will coordinate with VITA for a content management system for the VDEM website.

Virginia Criminal Injuries Compensation Fund

In crime related incidents, CICF will respond to the FAC as required by ESF #6. CICF will assist victims and their families with financial assistance as required by the Code of Virginia (19.2-368). CICF will coordinate with other potential funding agencies to ensure that services are not duplicated and that monies available to victims are maximized. The Department of State works with CICF to arrange transport of family members, residing in foreign countries, to the scene and transport of remains outside of the US.

Virginia Department of Criminal Justice Services (DCJS)

In crime related incidents, DCJS will respond to the FAC as required by ESF #6. The Victims Services Section provides grant funds to over 100 localities for victim/witness services. The Victims Services Section will call upon experienced victim advocates to assist in grief counseling, death notification, companioning, and completing CICF applications. DCJS also may be able to access federal funding from the Department of Justice to provide community based services well after the crime incident.

C. Non-Governmental Organizations

American Red Cross, responding through ESF#6, may provide individual client casework. The ARC may provide mass care services at the FAC to include canteen services and personal care/comfort supplies. The ARC also may provide mental health workers. Additionally, the ARC may be able to provide logistics staff, health services staff and volunteers to fulfill other roles within the FAC. In accordance with agreements with the Commonwealth, the ARC may provide short-term housing assistance, (e.g. shelters, hotel assistance), if requested. The ARC and VDSS will work together to clearly define the services and resources that will be provided by the ARC

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at the FAC; and DBHDS will be consulted if these services include mental health services.

Virginia Voluntary Organizations Active in Disasters, responding through ESF #17, may be called upon to oversee the mobilization of volunteer and donated resources as requested. Spontaneous volunteer and donations management services could be provided as well as call center staffing if requested.

CONCEPT OF OPERATIONS

1. General

A FAC may be opened in response to a mass casualty/fatality incident at the request of an affected locality or state agency. The FAC will provide a centralized location for a seamless service delivery system, built on multi-agency coordination, resulting in the effective dissemination of information and assistance to all impacted families. When the Plan is activated, services will be organized into the three categories discussed in FAC Services.

2. Activation of the FAC

The decision to establish and activate a FAC will be made by the VERT. ESF #6 will be responsible for making recommendations regarding activation of the FAC to the VERT Coordinator in consultation with the local Office of Emergency Management and/or affected state agencies. For incidents with regional impact, ESF #6 will coordinate through local governments and the VEOC.

The FAC should be operational and ready to accept family members within 24 hours of the decision to establish the FAC. Immediately following the decision, the VERT, in conjunction with appropriate authorities will identify the FAC location, and ESF #6 will identify agencies required to staff and support the FAC. The VERT will alert those relevant agencies.

A call center will be activated within four hours of the activation decision. A Reception Center will be established as an operational component of the FAC to screen and credential staff, volunteers and workers; and to provide accurate and relevant information to family members, volunteers, donors, etc.

It is critical that the FAC is able to conduct business without interference from the media; therefore, a Joint Information Center (JIC) will be established by ESF #15 to communicate and disseminate public information to the media and elected officials. The JIC also may serve to credential media.

ORGANIZATION

1. The FAC is an operational entity of ESF #6, Mass Care, Housing and Human Services. The VDSS leads ESF #6 in the VEOC and will manage oversight of the FAC.
2. Agencies and organizations in support of VDSS and the FAC mission will consist of the agencies have been identified as Supporting Agencies of this ESF Annex. Depending on the extent of the disaster or event, other organizations may also be involved in the operation of the FAC and in the various service components of the FAC.

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REFERENCES

Emergency Support Function 8 Annex, Volume II, COVEOP

VDH, OCME, Fatality Management Plan

VDH, OCME, Virginia Natural Disease Outbreak and the Pandemic Influenza Mass Fatality Response Plan

VDSS, Family Assistance Center Response Plan

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